

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. _____ FILING DATE _____

APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2		/				
3	/					
4		/				
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44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	6					
TOTAL DEP.	26	↓	↓	↓		
TOTAL CLAIMS	32					

TOTAL IND.	↓	↓	↓
TOTAL DEP.	↓	↓	↓
TOTAL CLAIMS			